

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98996**

1. Entity Name
FLORIDA ACCENT BUILDERS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 020 ***150.00

Principal Place of Business
**967 SHOCKNEY DR
ORMOND BEACH FL 32174**

Mailing Address
**967 SHOCKNEY DR
ORMOND BEACH FL 32174**

00033882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3036504**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUNNINGHAM, ROBERT L
967 SHOCKNEY DR
ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number's Not Acceptable)

City

State

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPVS CUNNINGHAM, ROBERT L 967 SHOCKNEY DR ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CUNNINGHAM, ROBERT L 967 SHOCKNEY DR ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M PIETRYZKOWSKI, BERNARD F 165 BUCKSKIN LANE ORMOND BEACH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days after filing

CR2E034 (10/00)